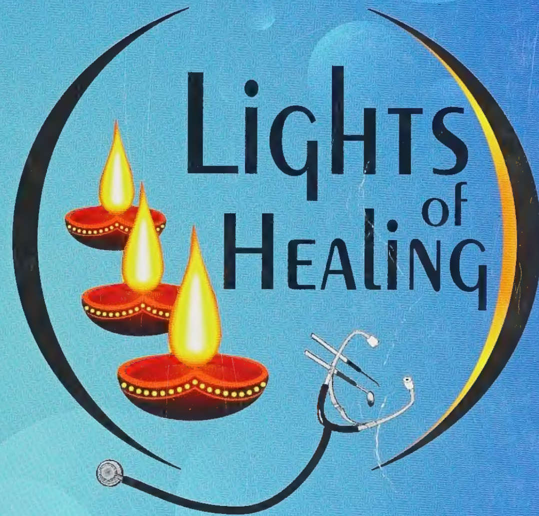


Charity No.
823467279RR0001

நலந்தானா
Natamthana

Presented by CTMA



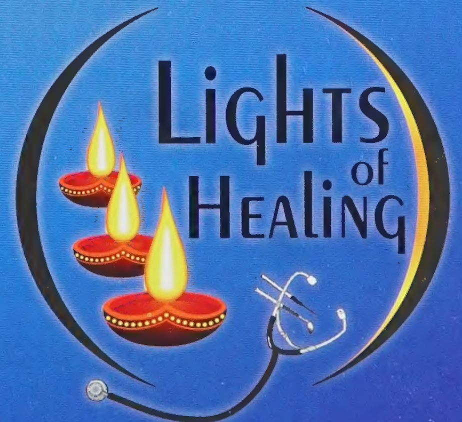
Nov 19, 2016 Toronto, Canada



Charity No.
823467279RR0001

நலம்தான
Nalamthana

Presented by CTMA



Message from the Chairman



It is with immense pleasure and honor as the President of Canadian Tamil Medical Association, I would like to welcome you all for this year's annual lights of Healing fund raising gala.

CTMA is a registered charitable corporation of Canadian physicians, dentists and other healthcare professionals of Sri Lankan descent, committed to providing community wellness programs and healthcare educational forums in Canada and medical, dental and humanitarian support to the war affected regions of North & East Sri Lanka.

We have reasons to be proud of our achievements in the past fourteen years. Most of our programs and services continue to grow to meet the increasing needs of our community. We need to work towards banishing poverty and illiteracy and providing the common man with access to improved health services in Sri Lanka. When we fund for projects through intermediary in Sri Lanka we strictly follow the provisions of the Charities Accounting Act of Canada and maintain necessary measures to direct and control on the use of our resources.

This year we funded for medical and dental equipment to Karaitivu Divisional Hospital, psycho-social counselling in rural Batticaloa area in the Eastern Province and for dental chair and other equipment to Point Pedro Base Hospital and medical supplies to Alaveddy Divisional Hospital in the North of Sri Lanka. Science Education Centre at Bharathypurm and school dental clinic and oral health education program in Kilinochchi and Mullaithivu districts are our ongoing programs receiving funding from CTMA.

I am deeply humbled to be the president for the last three years and during this time I have met with several people, worked jointly with several community organizations in Canada & Sri Lanka. I fully embrace the opportunity and genuinely excited about the future of our great organization. I am confident we will be here for a long, long time!

We are grateful for the generous contribution by all the major sponsors, table sponsors, advertisers, donors, volunteers and every one present for the fund raiser. With our sponsors and through the committed board members and volunteers we will continue to meet the challenging needs of our community in Canada and Sri Lanka.

Yours Sincerely

Dr . Shan A. Shanmugavadivel
Chairman, Canadian Tamil Medical Association

Executive Committee

Chairman:

Dr.S.Shanmugavadivel

Past Chairman:

Dr.R. Logan

Vice Chairman:

Dr. B. Rajendran

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Dr. R. Natgunarajah
Dilini Mohan

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Advisory Member:

Dr. J. Rajendra
Dr. C.P.Giri
Dr. R. Mohan
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Board of Directors of CTMA 2016



Sitting L- R: Dr. V. Santhakumar ,Dilini Mohan, Dr. N. Muraleetharan, Dr. S. Selvarajah, Dr.S. A. Shanmugavadivel , Dr. R. Logan, Dr. R. Natgunarajah, Dr B. Rajendran, Dr R. Kathirgamasegaram

Standing L- R: Dr. C.P. Giri, Dr. J. Rajendra, Dr. B. Thurairajah, Dr. Raj Rasasingham, Dr. S.Thangathurai, Dr. R. Mohan, Dr. S. Nagamuttu, Dr. A. Thangaroopan



Premier of Ontario - Première ministre de l'Ontario



November 19, 2016

A PERSONAL MESSAGE FROM THE PREMIER

On behalf of the Government of Ontario, I am delighted to extend warm greetings to everyone attending the Canadian Tamil Medical Association's Lights of Healing Fundraising Dinner.

I was pleased to learn that proceeds from tonight's fundraiser will be going toward community wellness projects here at home and local health initiatives in Sri Lanka.

Our humanitarian tradition and increasingly multicultural character connects us to the world and extends our compassion beyond borders.

I thank tonight's guests for their generosity. Have a wonderful evening and a highly successful fundraiser.

Kathleen Wynne
Premier



House of Commons
Chambre des communes
Canada
Gary Anandasangaree
Member of Parliament
Scarborough—Rouge Park



November 19, 2016

Greetings from Gary Anandasangaree

Member of Parliament for Scarborough-Rouge Park, Toronto, Canada

I would like to extend my warmest greetings and best wishes to the Canadian Tamil Medical Association (CTMA), on hosting their annual 'Lights of Healing' fundraising dinner to raise funds towards rehabilitation projects in Canada and abroad.

This year's launch of the "*Nalamthana*" health journal, is an admirable accomplishment by CTMA, and is indicative of the talents, skills and contributions made by the Tamil-Canadian community in the field of Medical Science. I congratulate CTMA in continuing to unite physicians, dentists and other healthcare professionals and providing a platform to mark their success and contribution to the Canadian society.

Congratulations once again, to all who dedicated their time and hard work to make this event a great success.

Yours very truly,

Gary Anandasangaree
Member of Parliament
Scarborough-Rouge Park

Ottawa
Room 1110, The Valour Building, Ottawa, Ontario K1A 0A6
Tel.: 613-992-1351 Fax.: 613-992-1373
Gary.Anand@parl.gc.ca



Constituency Office
3600 Ellesmere Road -Unit 3, Scarborough, Ontario, M1C 4Y8
Tel.: 416 -283-1414
Gary.Anandasangaree.C1@parl.gc.ca





November 19, 2016

Logan Kanapathi
Councillor, Ward 7

GREETINGS FROM THE CITY OF MARKHAM

It is with great pleasure that I extend my warmest greetings to everyone attending the **Canadian Tamil Medical Association's (CTMA)** Fundraising Gala **"2016 Lights of Healing"** tonight.

I have witnessed firsthand, the wonderful community service CTMA has been doing over the years both locally and globally. As a Councillor of Markham, I'm very grateful that the Lights of Healing made a significant contribution to Markham Stouffville Hospital Expansion Project and they were the first organization to do so in the Tamil Community.

I am pleased to learn that this year, CTMA will be raising funds in support of Health Care and Humanitarian Projects in Canada and to continue their support to war affected areas in Sri Lanka, especially in the Northern and Eastern Provinces. I was impressed to learn about your recent contribution to the Fort McMurray Fire Victims. CTMA's annual magazine "Nalamthana" brings valuable articles on current developments in the field of medicine and wellness. I commend your consistent efforts in bringing health care accessible to the needy people in our motherland, devastated by war and striving to thrive.

Thank you to the entire team of CTMA for their commitment, compassion and care to help those in need. Keep up the great work! I wish you all the best in your future endeavours. Let the lights of healing touch many more lives around globe!

Logan Kanapathi
Councillor- City of Markham

The Corporation of the Town of Markham · 101 Town Centre Boulevard, Markham, Ontario L3R 9W3
Tel: 905.479.7748 · Fax: 905.479.7763 · e-mail: lkanapathi@markham.ca · www.markham.ca

Canadian Tamil Medical Association's new and ongoing projects in North & East Sri Lanka

Medical equipment for Karaitivu Hospital

Canadian Tamil Medical Association funded $ 19,000 to Social Education Development Association of Karaitivu (SEDAK) for purchasing medical equipment to Karaitivu District Hospital, Eastern Province, Sri Lanka. In the past 10 years SEDAK had successfully built homes for people affected by Tsunami, supplied essential laboratory equipment to hospital, furniture to schools and paid tuition fee for poor high school children. SEDAK is a government registered organization in Sri Lanka. Karaitivu hospital was very badly damaged by the Tsunami disaster and was lacking essential medical equipment. Patient Monitor, ECE Machine, Suction Machine, Defibrillator and Hospital bed are the new items that were funded by us for the hospital recently.



Psycho-social counselling for Batticaloa

Mr. S. Viyalandaran, M.P. Batticaloa during his visit early this year made an appeal at our AGM for funding of thirty thousand dollars for a year for psychosocial counselling for war afflicted people in rural Batticaloa. Ten thousand dollars in two instalments have already been remitted through Humanitarian Hands Organization, Sinna Uppodai, Batticaloa for salaries for 15 counsellors and a co-ordinator. Counsellors are assigned to different areas and they are given monthly whole day training by Dr. Kadampanathan, Rev. Paul Pat Kunanayagam and Mecsswel Occas.

Humanitarian Hands Organization is a registered Organization working on improving the livelihood of people affected by natural disasters, war, violation of human rights, drugs and alcohol abuse in rural areas. Most of the people in the village are very poor, many are physically and mentally disabled, orphans, school drop outs, unemployed and without any capacity to seek for help or government assistance. Suicide and suicide attempts are common occurrence in rural areas. A report says most of the victims are females and in the 15 – 34 age group.

President of CTMA and other board members will be visiting Batticaloa and other regions to inspect the CTMA projects in Sri Lanka in early next year.



Medical Equipment and other essential needs for Alaveddy

On the request of Alaveddy Development Forum for new medical equipment and a few other essential items for Alaveddy Divisional Hospital, Northern Province, Sri Lanka, CTMA donated five thousand dollars in July 2016. We are pleased to hear the Sri Lankan government is now constructing a new building for this hospital. As the new building for the hospital is nearing completion, installation of our funded equipment has been delayed.



Dental Chair, Unit & Other Equipment for Point Pedro

Point Pedro Base Hospital received a donation of $ 6,500 dollars for a new dental chair, unit and few other equipment namely air compressor, electric scaler, light curing unit, air rotor motor, high speed, contra angle and straight hand pieces.

On my visit to the hospital last June I found all three dental chairs not in proper working condition. Dr. V. Jeyarajah, acting Medical Superintendent of Point Pedro Hospital was very pleased that the two new dental surgeons recently appointed to the hospital were fascinated with the new equipment and thanked CTMA for the funding that is benefitting the patients greatly.

Funding for Ongoing Projects

Bharathypuram Science Education Centre managed by Kilinochchi Education Development Trust received CTMA's donation of $ 12,500.00 during the current year for tuition fees and meals for kids, setting up internet facilities for the Centre and supporting a few disabled parents. CTMA recently agreed to increase the funding to make it a full-fledged centre for children and adults.

This centre serves students from remote villages namely Bharthypuram, Malayalapuram, Krishnapuram and Vivekanandanaar. The students also receive regular medical and dental screening. It's heartening to know the recent reports have shown marked improvement in the students' performance.

The school dental clinic at Kilinochchi Mahavidyalam funded by CTMA and Thunukkai Oral Health Education Program continue to receive funding from CTMA for salaries, travel expenses, tooth brushes, tooth paste, stationary, seminars, etc. Kids of Junior school located outside are screened by dental therapist and brought in for needing treatment in private buses to Kilinochchi school clinic.





Our funding is also supporting the ongoing School Oral Health Program in several primary schools in Jaffna district. All students are provided with tooth brushes and paste for daily brushing in school. Students brush their teeth after their meals supervised by the class teachers.

Oral health project in the North Sri Lanka was initiated in 2011 to provide sustainable, cost effective oral health care for children of the Jaffna district through the schools. The school teachers were given training in the proper brushing technique. We are happy to notice the students and teachers are very co-operative and enthusiastic about the program.

We wish to thank Dr. Balakumar, Registered Dental Surgeon, Drs. Ketheeswaran, Sivarajah and Jayanthi Stjernsward for their valuable contribution in implementing this project.





CTMA's Canadian Activities - 2016

CTMA's Annual Health Forum in collaboration with Senior Tamils' Centre of Ontario was held on Sunday May 29, 2016 at Canada Kandasamy Kovil, Cultural Hall from 9.30am till 4.00pm.

Drs. J. Rajendra (Psychiatrist), N. Muraleetharan (Family physician), S. Bream (Optometrist), V. Varathan (Dental Surgeon), M. Srivamadevan (Cardiologist), T. Yogaparan (Geriatrist), S. Kirupananthan (OB & GYN), R. Natgunarajah (Chiropractor), D. Mohan (Occupational Therapist) & T. Kulendran (Dietitian) gave presentations. Moderators at the event were Drs. Shanmugavadivel, Logan & Dilini Mohan. More than 250 people interacted with experts in Health Care at the all day event.

We would like to thank all the speakers, Senior Tamils Centre of Ontario and the audience for supporting our efforts towards improving healthcare in our community.





Health Seminar on Mental Health Challenges in children and youth to promote awareness of mental health issues was presented by Dr. Raj Rasasingam M.D, FRCPC, child and adolescent Psychiatrist at Humber Hospital & Assistant Professor, Department of Psychiatry, University of Toronto on April 23, 2016 at CTMA office.

Another similar seminar on gastro-intestinal disorders, ulcers, colon cancer and liver diseases was held for public by Dr. B. Rajendran M.D., FRCPC Gastroenterologist on June 12, 2016 at CTMA's office.

Although only a small group of people attended both presenting doctors discussed the topics in an informal manner and spent extra time answering all their questions.

Dr. S. Nadarajah BDS, DMD, Periodontist having a private practice in Maryland, U.S.A. gave a presentation on Diagnosis and Treatment of Muco gingival defects to Canadian dentists at our office on July 30, 2016. CTMA's president Dr. Shanmugavadivel presented an award of appreciation to the speaker at the end of the continuing education seminar.





Dr. P. Sathiyalingam, Health Minister of Northern Province, Sri Lanka & Mr. S. Viyalandaran, M.P., Batticaloa met with CTMA's president and a few board members at our office. Dr. P. Sathiyalingam gave a lengthy presentation on the current status of the Health Care in the Northern Province. He came with several proposals for overhauling healthcare delivery in his province. He is seeking major support from foreign governments and the diaspora community. Mr. S. Viyalandaran spoke about the pathetic situation in rural Batticaloa and urged CTMA to continue to support needed projects in the Eastern Province. The two visiting Sri Lankan politicians joined us at a dinner after the meeting.





CTMA donated $ 2000.00 to Sherbourn Health Centre for a seminar arranged in collaboration with CAMH on building a mental health frame work for refugee communities using Tamil Community as a case study. Two of CTMA doctors participated at the conference.

Dr. Shanmugavadivel, CTMA president linked on skype with the team on the first day (Jan 30, 2016) of Health Symposium arranged in UK by Medical Institute of Tamils (MOIT). The Symposium planned to connect healthcare professionals, senior academics and decision makers in Sri Lanka with the counterparts in the UK.

CTMA members including president participated at TASME 2016 at SickKids on July 2, 2016. President addressed the audience after the dinner on CTMA's activites. The conference brings researchers, professors and university students, delegates from academia and industries together to

share new knowledge.

CTMA and a few CTMA members contributed over ten thousand dollars for Fort Mc Murry wildfire disaster. Red Cross thanked CTMA and members profoundly for the generous donation to the Alberta Fire Appeal.

CTMA members took part in the 8th Annual Tamil Canadian Walk in support of Canada Batticaloa Friendship Farm on Sunday Sept 11, 2016 at Thomson Memorial Park in Scarborough. CTMA members who were at the walk-a-thorn generously contributed to the project.





CTMA doctors participated in the Health & Sciences panel at the last annual workshop on Career Guidance for high school students and parents by Association of Sri Lankan Graduates in partnership with CTMA and other organizations. Dr Raj Rasasingham, Child and Adolescent Psychiatrist was the keynote speaker at the event.

The prevalence of diabetes is found to be higher in South Asian community. Recognizing this concern in our people, CTMA is working with Tamil Diabetes Health Advisory Network (Tamil DHAN) to develop initiatives to improve patient and caregiver education for diets and lifestyles interventions. Initial steps were taken to engage local restaurant owners to encourage offering healthy menu options. We believe public engagement is essential for the successful outcome of this program.





REPLACING LOST TEETH

Dr. C. Yogeswaran
Dentist

Single or multiple teeth are lost during our life span for various reasons. Lost teeth can cause collapse of the dental arch, drifting of the adjacent teeth and overgrowing of the opposing teeth. These changes do not occur over night, but over a period of few years. Replacing lost teeth in a timely manner will help maintain the function of the dental oral system and maintain the aesthetics of your teeth.

One of the activities of daily living is eating. We need to consume food for the maintenance of our health; This is a basic fact that needs no elaboration. Food not only provides sustenance for life, but it also brings people together in various occasions to enjoy the company of others. To enjoy these occasions, we need to have healthy, full functioning teeth. A person without a full set of teeth may resent the fact that he or she does not have their teeth to enjoy the occasion.

Nothing can replace our natural set of teeth; however, when we lose our teeth there is more than one way to replace the missing teeth. Before explaining these methods, I want to emphasize the first line of defence – maintaining and keeping our natural teeth longer. It is easy to keep our teeth longer. What we need is to have basic understanding about the nature of our mouth and a disciplined effort to maintain its health. It is as easy as 1, 2, 3 and 4:

1. Brush your teeth twice a day. Brush all the surfaces of your teeth in order to remove plaque and minimize the bacterial colony.

2. Floss your teeth at least once a day preferably at bed time in order to clean between the teeth.

3. Watch what you eat, reducing food high in sugar to reduce disease causing bacterial action.

4. Have your teeth regularly cleaned and checked for early diagnosis and treatment. This will prevent costly treatment options in the future.

Methods of Replacing Missing Teeth

1) Dentures

Dentures can be made to replace a single tooth, multiple teeth or a complete set of teeth. However, it is important to note that you will need a period of learning to be accustomed to the dentures. Nevertheless, this method is a cost effective way of replacing missing teeth.

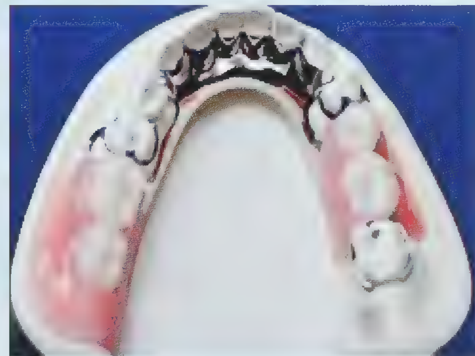
Partial dentures replacing few teeth


BEFORE


AFTER

Complete dentures to replace entire arch

Cast partial dentures

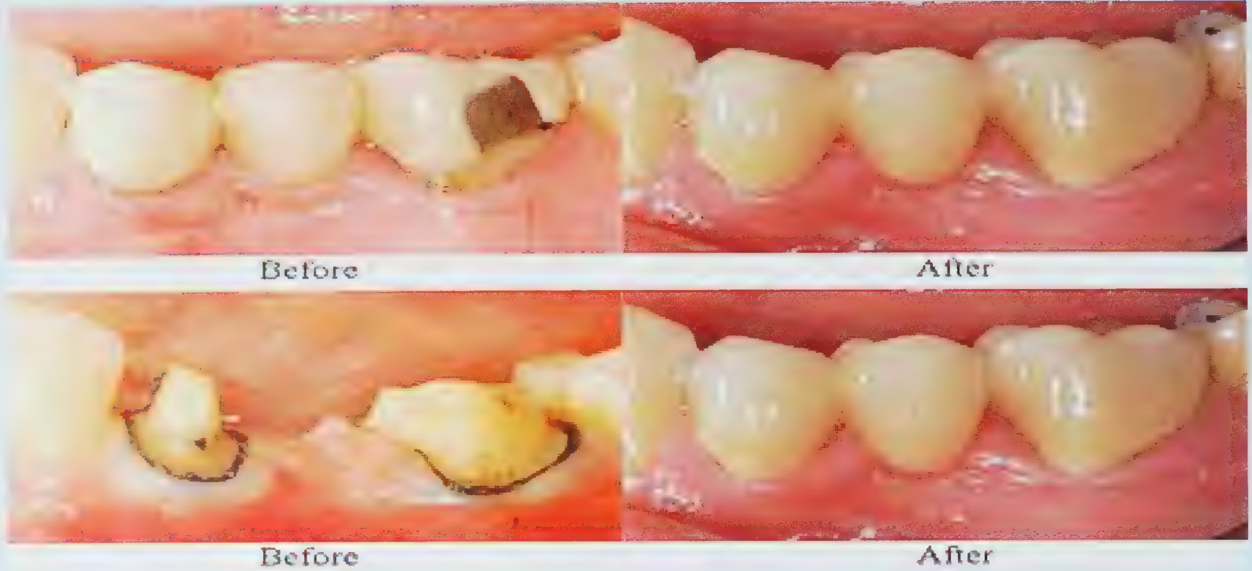


Implant supported dentures



1) Bridge

A bridge can be made to replace a single tooth or multiple teeth. Although this may be an expensive option, the adjustment to the new teeth is almost immediate. The disadvantage is that adjacent teeth are also worked on as part of the preparation for the bridge.


Before After

Before After

3) Implants

Dental implants have gained popularity rapidly over the last few years. Although it is considered an expensive method, implants give immediate satisfaction, making you feel as though you have your own, natural tooth back

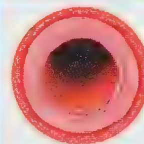


Finally, it is your dentist who decides which method is most suitable for you. Various factors are considered in this decision such as your general health, oral hygiene and bone health.

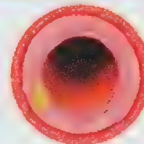
If you have a missing tooth or teeth, have a discussion with your dentist so that you can enjoy a healthy set of teeth, enjoy your food in the company of your friends and family, and enjoy life!



Looking after your HEART



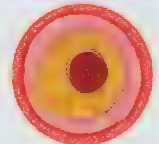
Normal conditon of an artery



Beginning of plaque formation



Increased plaque accumulation



Narrowed artery blocked by a blood clot

Coronary Artery Disease

KNOW THE FACTS AND THE MYTHS OF HEART DISEASE PREVENTION

Cardiovascular risk

(determining your 10 year risk of heart attacks and strokes)

Your GP, cardiologist or yourself can calculate this based on your risk factors, cholesterol profile and blood pressure.

You can use the Framingham risk calculator and/or the newer ASCVD 10 year risk calculator.

The first can be found at https://www.cvdriskchecksecure.com/framinghamriskscore.aspx.

The second at: http://clincalc.com/cardiology/ascvd/pooledcohort.aspx.

Based on these, you can determine your risk overall and your relative standing compared to your age and sex.

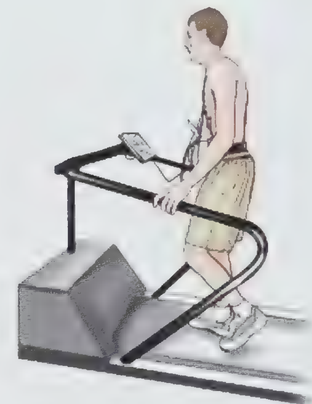
If 10 year risk is >5% or if risk is elevated compared to your age and sex, then lifestyle changes must be considered.

If your 10 year risk is >10%, then in addition to lifestyle changes, cholesterol lowering treatment with statins must be considered.

If your 10 year risk is >20%, then in addition to lifestyle and statin therapy, further risk stratification with cardiologist consultation is strongly recommended.

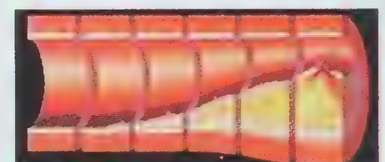
Myth # 1

An exercise stress test is needed to estimate your cardiovascular risk. Not at all if you do not have cardiac symptoms. In fact, more harm can be done by doing so in especially asymptomatic young patients. Almost ½ the results are indeterminate in these patients leading to unnecessary further testing including exposure to radiation. Also, a negative result does NOT imply absence of disease!!



Myth # 2

I'm too young to worry about heart disease. Your present lifestyle will impact your cardiovascular risk. As early as adolescence, plaque can start accumulating in the arteries and later lead to clogged arteries. 1 in 3 Canadians have cardiovascular disease, but not all of them are seniors. More and more young people are developing heart disease especially now that obesity, type 2 diabetes and other risk factors are becoming more common at a younger age.



Lowering your risk

by lifestyle changes



Smoking cessation is the most important modifiable risk factor for heart disease.

Benefits of quitting smoking are immediate and long term.

Within 1 year, your risk of suffering a heart attack due to smoking is cut in half.

Within 15 years, your risk of heart attack is the same as someone who never smoked at all.

High Cholesterol is next in importance as a modifiable risk factor. 40% of Canadians have high cholesterol. Linear relationship between risk of heart disease and LDL cholesterol exists.

Lower Cholesterol naturally by eating right and exercising. The physically inactive have twice the risk of having heart disease and stroke. 50% of Canadians over age 12 are inactive. 150 minutes a week of cardiovascular exercise is suggested per week.

HEALTHY EATING CHOICES

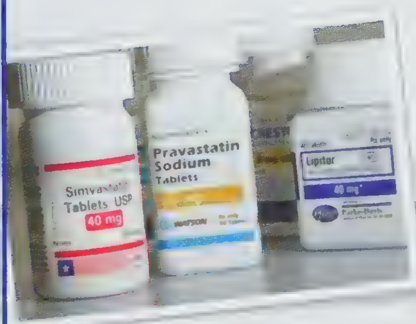
Choose Vegetables, Fruits – except for bananas (high in sugar). All berries are good, as well as Whole grains, beans, seeds and nuts, Olive oil & fish.

Cut out all sources of sugar, refined carbohydrates (rice and white bread), and trans fats (Vegetable oil, margarine & most fried foods.

60% of Canadians are overweight or obese. Starts in childhood with poor dietary choices and lack of exercise. SUGAR is the main culprit. Best way to avoid sugar is to shop and cook your own food. Read labels - Appropriate amount of sugar is ZERO grams.

Lowering your risk

by medications for cholesterol reduction



Statins are one of most studied family of medications in history.

Effective in reducing risk of heart attacks and strokes.

Very safe and tolerable.

Much unfairly maligned by online trolls and pseudo physicians.

Statins are a must for those with diagnosed cardiovascular disease.

Statins are advised for those with increased risks towards CV disease (>10% 10 year risk).

Alternative to statins are medications such as Ezetrol (less side effects but less benefit) and the newer PCSK 9 inhibitors.

Statin Myth # 1: Statins will cause muscle damage and hurt your cardiac muscle. Statins have been tested in > 1 million people and overwhelmingly shown to be beneficial to the heart. 10% of patients can develop mild muscle pain that is reversible. Permanent or fatal muscle injury known as rhabdomyolysis is extremely rare.

Myth #2: Statins cause cognitive dysfunction or dementia. Long term studies to date have shown no evidence of this. To the contrary, there is evidence they may protect from cognitive decline by protecting against vascular dementia.



Chapel Ridge

FUNERAL HOME INC

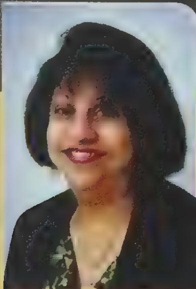
உங்கள் உறவொன்றைப் பிரிந்து தடுமாறும் வேளையில்
இறுதி நிகழ்வுகள் பற்றிய கவலை உங்களுக்கு வேண்டாம்
அனுபவத்தோடு கூடிய அன்பான சேவையை வழங்குகிறோம்

மார்க்கம் மற்றும் மிசிசாகா நகரங்களில் சேவைகள்

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Should we floss our teeth? Yes or No?

Dr. Shan Shanmugavadivel

Cavities in teeth and gum problems are seen commonly beginning between the teeth. Brushing is very important to keep our teeth clean. But bristles of brushes do not reach between the teeth. Flossing helps to remove the food debris and bacteria in the hidden areas. For maintaining good dental health one needs good personal dental care and regular visits to dentist.



In the recent times you would have read news reports which said there was no strong proof that flossing was very useful. The Associated Press (AP) reported on an article comparing tooth brushing alone verses a combination of tooth brushing and flossing and found evidence for flossing was very unreliable and very low quality.

But the advice of the experts on the Editorial Advisory Group of the Canadian Dental Association is in favour of brushing and flossing for healthy oral health

What we know

- Dental plaque can begin the processes that cause tooth decay and gum disease if it's allowed to remain on the surfaces of teeth for more than 24 hours.
- The only way plaque can be removed is mechanically, with a manual or electric toothbrush (which gets the cheek and tongue surfaces of teeth) and floss or other cleaning aids (which clean the hidden or hard to reach surfaces of teeth)
- Although there is no 100% direct scientific evidence at this time which proves that flossing on its own reduces the chance of tooth decay and gum disease, there is strong indirect evidence that the mechanical removal of dental plaque from hard to reach tooth surfaces is effective in preventing these conditions. We also have evidence collected in the Cochrane Library review that people who brush and floss regularly have less gum bleeding compared to tooth brushing alone.
- Not every outcome can be studied using randomized clinical trials (which can show direct evidence), especially chronic diseases (like periodontitis) that take years to develop. This is just one of the reasons there may not be strong direct evidence providing that flossing can prevent dental decay and gum disease.
- It's also important to consider that the harms of flossing are minimal to none and the cost is very low.

- Based on the research we do have, flossing in an effective, inexpensive and safe method for cleaning the hidden, hard to reach, parts of your teeth.

- Set realistic goals – Clean all surfaces of your teeth daily, but don't feel guilty if you miss once in a while. The goal of a clean mouth is more important than how you reach that goal.
- Do your best with your brushing, flossing and other measures to clean all surfaces of your teeth and gums.

- Seek your dentists' and dental hygienists' advice and discuss with them any oral health news items which you come across in the media. They give you the best personalized advice for your oral health.

CDA Statement on flossing



The Canadian Dental Association supports flossing as one step of maintaining healthy teeth and gums. Flossing is an effective preventative measure to remove plaque, the main cause of gum disease. The weakness of the evidence supporting the value of floss in the prevention of gum disease is a reflection of the difficulty of conducting the necessary studies, not of the value of flossing for the maintenance of good oral health. Brushing, flossing, eating healthy diet, and seeing your dentist regularly are all steps in preserving a healthy mouth.





அண்மைக் காலங்களில் பல்நூல்களின் (Dental Floss) பாவனையால் அதிக பயன் ஏற்படுவதில்லை என்ற செய்திகள் வந்த போதிலும் பல்நூல் கிரமமாகப் பாவிப்பது அவசியம் எனக் கனடாப் பல்வைத்தியர் சங்கம் கூறுகின்றது.

Reference: CDA Oasis Bulletin



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Teenage Challenges

Raj Rasasingham M.D.FRCP©.DAPN.
Assistant Professor Dept. of Psychiatry, UOFT
Former, Interim Director of Training UOFT

Keys to raising a Teenager

Listen to your children

You make the final decision but very important to listen to them. we must remember they are individuals in transition stage impacted by influences of our culture and that of Canadian environment. Friends are key influence. Peer pressure to smoke, drink, etc. Teach them early about substance use and issues...Teenage Cannabis Use- decreases IQ. History of Mental Illness and Cannabis- increase psychosis risk. Safe Sex Practices- May not want to talk about but important topic. Not to give everything to them. Compassionate but firm parenting is the key.



Let them earn the privilege - having a car/phone etc. Not a right but a privilege. Routines help children, children love limits... they just will not tell you. Supervision is very important when they are teenagers. Work less spend more time with them.

Education

Allow them to choose - have expectation but allow them to choose, allow them to explore their talent is very key. Teenager should not live out your dream. e.g - you did not do engineering...so push your child to do it. Tell them the importance of education. School is for them for a better life but do not pressure them. So many choices now for them in terms of profession... not like back home. Social Skills as important as IQ--- get them involved in sports, teams... and other social activities. Social Skills ultimate determination of success in today's world...... Happiness is balance, mind, body and spirit.

Psychiatric Conditions in Teens

Following conditions can have great impact on our kids.
Substance dependence
Depression
ADHD
Bipolar Disorder
Psychosis
Gender/Sexuality.



DIABETES & MEDICATIONS

Dr. Rajesh Logan MBBS.CCFP. FCFP.

சலரோகம் உலகத்தில் ஒரு பெருவாரியாக (epdemic) ஏற்பட்டுள்ளது. சலரோகம் இலங்கை உற்பட தெற்காசிய சமூக மக்களிடையே அதிக அளவில் காணப்படுகின்றது. இதற்க்கு பரம்பரை உடற்பயிற்சி இன்மை, வயதுடன் எமது உணவு வகைகளும் ஒரு காரணமாக உள்ளது. சலரோகத்தின் சிகிச்சை முறையில் சாப்பாட்டு வகைகள் ஒரு முக்கியமாக உள்ளது. சலரோகம் உள்ளவர்கள் மூன்று நேர சுகாதாரமான சாப்பாடும் இரண்டு அல்லது மூன்று ஊட்டச்சத்துள்ள சுகாதாரமான சிற்றுண்டிகளையும் சாப்பிட வேண்டும்.

தட்டத்தில் முதலில் சோற்றைப் போட்டு மேல் கறிகள் போடுவதை நிப்பாட்டி கறிகளை அதுவும் இலைக் கறிகளை முதல் போட்டு பின்பு தட்டத்தில் நாளில் ஒரு பங்கு மட்டும் சோற்றைப் போட வேண்டும். புரதச்சத்து ஒவ்வொரு சாப்பாட்டிலும் இருக்க வேண்டும். அனால் இங்கு மருந்துகளை மட்டும் பார்ப்போம்.

முன்பு சலரோகத்திற்கு உரிய மருந்துகளில் பல தேர்வுகள் இருக்கவில்லை. ஆனால் தற்சமயம் எமக்கு இரத்த அழுத்தத்திற்கு எப்படி பல தேர்வுகள் இருக்கின்றதோ அதே போல் சலரோகத்திற்கும் பல தெரிவுகள் (choices) உள்ளது. முன்பு metformin, Glyburide and insulin இருந்தது. தற்சமயம் ஒன்பது வகையான மருந்துகள் உள்ளன. அதில் ஏழு வகையான வாய்வழி மருந்துகளும் இரண்டு விதமான ஊசிகளும் உள்ளன.

உதாரணத்திற்கு ஒரு உடுப்பு வாங்கும் பொழுது எவ்வளவு ஆராய்ந்து அதை வேண்டுகிறோம். எமது சுகாதாரத்திற்காக நீண்ட காலம் பாவிக்க வேண்டிய மருந்துகளை பற்றிய அறிவு மிக முக்கியமானது என்று நான் கருத்துவதனால் தான் இதை எழுதுகிறேன்.

எப்படி சலரோகத்தையும் அதன் பக்க விளைவையும் பற்றி தெரிய வேண்டுமோ அதே மாதிரி எந்த மருந்து, எப்படி வேலை செய்கிறது, எந்த மருந்து நல்லது, ஏன் நாம் பாவிக்கின்றோம், அதன் பக்கவிளைவுகள் என்ன என்பதையும் அறிந்திருக்கவேண்டியது அவசியமாகிறது. நாம் fasting Blood sugar ஐ செய்தாலும் HbA1C ஐ கொண்டு தான் சலரோகத்தின் கட்டுப்பாட்டை பார்க்கின்றோம்.

Oral Medications:

1). Biguanide – Metformin, Glumetza
2). SGLT-2 Inhibitors- Forxiga, Invokana and Jardiance
3). DPP-4 inhibitors:

DPP-4 Inhibitors	*DPP-4 Inhibitors with Metformin*
Onglyza	Komboglyze
Januvia	Janumet, Janumet XR
Trajenta	Jentadueto

4). Sulfonylureas- Glyburide, Diamicron, Diamicron MR and Amaryl
5). Meglitinide- GlucoNorm
6). Alpha- glucosidase Inhibitor- Acarbose
7). TZD- Actos, Avandia



Injections:

8). GLP-1 Receptor Agonists – Victoza, Byetta
9). Insulin- Meal Time, Bed Time and Mixed Insulins.

சலரோகத்திற்குரிய ஒரு நல்ல மருந்து என்பது Blood sugar ஐ குறைக்கின்ற அதே நேரத்தில் குறிப்பிட்ட இரத்த அளவை விட Blood sugar குறையக்கூடாது. (Should not cause hypoglycemia). இதனால் தலை சுற்று இருக்காது. சதையி (pancreas) ஐ செயல் இழக்க செய்யக்கூடாது. உடலின் நிறையை கூட்டக்கூடாது.

1. Metformin:

மிகவும் நீண்ட காலமாக பாவித்தாலும் இன்றும் இந்த மருந்தைத்தான் முதலாவது தேர்வாக பாவிக்கின்றோம். இது ஈரல் தசைகளில் வேலைசெய்வதால் சதையி (Pancreas) இல் வேலைசெய்வதில்லை. இதனால் இன்சுலின் பாவிக்க வேண்டிய சந்தர்ப்பத்தை பிற்போடுகின்றோம்.

2. SGLT-2 Inhibitors:

இது சிறுநீரகத்தில் glucose ஐ திருப்பி உறிஞ்சுவதை தடுப்பதால் சலத்தில் glucose வெளியேற்றப்படும். இதனால் இரத்தத்தில் Blood sugar இன் அளவை குறைத்து உடல் பருமனின் அளவையும் குறைக்கும். அத்துடன் hypoglycemia ஐ உருவாக்காது. சதையியை செயல் இழக்க செய்யாது.

3). DPP-4 Inhibitors:

இது குடலில் வேலை செய்கிறது. இதனால் இதுவும் சதையியை செயல் இழக்க செய்யாது. நிறையில் மற்றம் இல்லை. hypoglycemia ஐ உருவாக்காது. அத்துடன் Metformin னுடன் சேர்ந்தும் இருக்கின்றபடியால் அதாவது ஒரு மருந்தில் இரண்டு மருந்துகள் உள்ள படியால் இரண்டு மருந்தையும் எடுக்கக்கூடிய சந்தர்ப்பமும் கூட இருக்கிறது (Better compliance).

4). Sulfonylureas:

இது முன்பு பரவலாக பாவிக்கப்பட்டது. விலையும் குறைவு ஆனால் சதையி (Pancreas) இல் வேலை செய்கிறபடியால் சிலவருடங்களுக்குப் பிறகு insulin ஐ பாவிக்க வேண்டிய நிலைமை ஏற்படும். அத்துடன் sugar ஐ நல்லாக குறைப்பதால் hypoglycemயை ஏற்பட்டு தலைச்சுற்று ஏற்படலாம். நிறையும் கூடலாம். இதனால் இதன் பாவனை நாலாவது தானத்திற்கு பின்தள்ளப்பட்டுள்ளது.

5). Meglitinide: GlucoNorm

அதிகம் பாவனையில் இல்லை. ஆனால் post - prandial blood sugar ஐ குறைப்பதற்கு பாவிக்கலாம்.

6). Alpha- glucosidase inhibitor:

விலை குறைவு. Post-prandial blood sugarஐ குறைப்பதற்கு உதவும். வாயு வெளியேற்றத்தின் காரணமாக இதன் பாவனை குறைவு.

7). TZD:

Insulin resistanceக்கு இது நல்ல மருந்தாக உள்ளது. ஆனால் உடல் நிறையை கூட்டுகிற படியால் இருதய நோயாளிகளுக்கு பாவிக்க முடியாது. தற்சமயம் இதன் பாவனை மிகமிக குறைவாக உள்ளது.

8). GLP-1 receptor agonists:

இது ஒரு ஊசி மருந்து. குடலில் வேலை செய்து நிறையை குறைத்து blood sugar ஐ குறைக்கும். Hypoglycemயை வை ஏற்படுத்தாது. அதிக விலையானது.

9). Insulin:

இது ஒரு ஊசி மருந்து. நிறையை கூட்டும். சரியான முறையில் சாப்பிடாமல் விட்டால் hypoglycemயை வை ஏற்படுத்த சந்தர்ப்பம் உள்ளது.

மருந்துகளுக்கிடையே உள்ள வித்தியாசங்களை பின்வரும் அட்டவணையில் இலகுவாக காணலாம்.

Add an agent best suited to the individual (agents listed in alphabetical order):

Class	Relative A1C lowering	Hypo-glycemia	Weight	Other therapeutic considerations	Cost
Alpha-glucosidase inhibitor (acarbose)	↓	Rare	neutral to ↓	Improved postprandial control, GI side effects	$$
Incretin agents:					
DPP-4 Inhibitors	↓↓	Rare	neutral to ↓		$$$
GLP-1 receptor agonists	↓↓ to ↓↓↓	Rare	↓↓	GI side effects	$$$$
Insulin	↓↓↓	Yes	↑↑	No dose ceiling, flexible regimens	$-$$$$
Insulin secretagogue:					
Meglitinide	↓↓	Yes	↑	Less hypoglycemia in context of missed meals but usually requires TID to QID dosing	$$
Sulfonylurea	↓↓	Yes	↑	Gliclazide and glimepiride associated with less hypoglycemia than glyburide	$
SGLT2 inhibitors	↓↓ to ↓↓↓	Rare	↓↓	UTI, genital infections, hypotension, hyperlipidemia, caution with renal dysfunction and loop diuretics, dapagliflozin not to be used if bladder cancer, rare diabetic ketoacidosis (may occur with no hyperglycemia)	$$$
Thiazolidinediones	↓↓	Rare	↑↑	CHF, edema, fractures, rare bladder cancer (pioglitazone), cardiovascular controversy (rosiglitazone), 6-12 weeks required for maximal effect	$$
Weight loss agent (orlistat)	↓	None	↓	GI side effects	$$$

SICK DAY MANAGEMENT:

ஒருவர் சலரோக மருந்து எடுக்கும் பொழுது நாம் அவர் மூண்டு நேரமும் சாப்பிடுகிறார் என்று நினைத்து தான் எந்த வகை சலரோக மருந்தை கொடுக்கின்றோம். எதாவது ஒரு காரணத்தால் அவர் சாப்பிட முடியாமல் இருந்தால் அந்த மருந்தை அவர் சில மருந்தை நிப்பாட்ட வேண்டி வரலாம் அல்லது குறைக்க வேண்டி வரலாம். சரியான காய்ச்சல், சத்தி, வயிற்றுளைவு நேரத்தில் சாப்பிட முடியாது அதே நேரத்தில் நீர்தன்மையும் உடம்பில் குறையும். எனவே தான் sick day medications பற்றி அறிய வேண்டிய தேவை உள்ளது. இதனை நாம் "sickmans medication " என்று அழைப்போம்.

S	**sulfonylureas**
A	**ACE-inhibitors**
D	**diuretics, direct renin inhibitors**
M	**metformin**
A	**angiotensin receptor blockers**
N	**non-steroidal anti-inflammatory**
S	**SGLT2 inhibitors**



Patients should do increased frequency of self blood glucose monitoring will be required and adjustments to their doses of insulin or oral antihyperglycemic agents may be necessary. If they run too high or too low, contact your doctor.

When the patient is ill, particularly dehydrated (e.g. vomiting or diarrhea), some medicines could cause kidney function to worsen or result in side effects. If you are sick and unable to drink enough fluid to keep hydrated, you should STOP the following medications:

Blood pressure pills
Water pills
Metformin
Diabetes pills
Pain medications
Non-steroidal anti-inflammatory drugs
(see below)

Please be careful not to take non-steroidal anti-inflammatory drugs (which are commonly found in pain medications

(e.g. Advil) and cold remedies). Please check with your pharmacist before using over the- counter medications and discuss all changes in medication with your doctor.

Oral Cancer
What we need to know?
"Early Detection for better survival rates"

Dr Vidya Varathan, BDS, PhD.

Oral lesions can appear in the mouth and its surrounding areas in different shapes, sizes and appearances. Therefore, it is very important that these lesions be identified appropriately in a timely manner to prevent complications. In this article, I have elaborated a few important factors that should be considered and how to proceed, thereafter.

When people visit Dentist for regular check-ups to clean teeth, fill cavities and maintain oral hygiene, they are screened for oral cancer and other lesions in the mouth, which at times can be very significant. Oral cancers including the ones at the back of the tongue and cancers of the tonsils and throat are identified approximately at the rate of 40,000 every year.



Regular checkups by a dentist help such cancers to be detected early and can contribute towards obtaining proper treatment. In addition, patients are given oral health education and thereby avoid the harmful habits to reduce developing the cancer and increase life expectancy.

Common Risk Factors for oral cancers

- **Men** are twice more likely to get oral cancers than women.
- Median **age** for oral cancer diagnosis is 62 but the risk greatly increases after 44 years.
- **Tobacco** use, whether smoking or chewing, dramatically increases the risk of cancer in mouth.
- **Alcohol** usage increases the chances of developing oral cancer significantly.
- **Family history of cancer.**
- **Human papillomavirus infection** is a sexually transmitted disease and is attributed as one of the leading cause for oral cancer in North America.
- People with jobs outside, working in the **sunlight** are at higher risk of developing cancer on the lips due to UV radiation.
- **Poor nutrition** with less fruits and vegetables in diet increases the risk of developing oral cancer.

We should be aware that most of the oral cancer lesions are preceded by pre-cancerous lesions, i.e. the oral lesions on the skin lining of the mouth have the tendency to transform or change into cancer. Although, it may be difficult for the clinician to predict when these changes may occur,





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- **Alcohol** usage increases the chances of developing oral cancer significantly.
- **Family history of cancer.**
- **Human papillomavirus infection** is a sexually transmitted disease and is attributed as one of the leading cause for oral cancer in North America.
- People with jobs outside, working in the **sunlight** are at higher risk of developing cancer on the lips due to UV radiation.
- **Poor nutrition** with less fruits and vegetables in diet increases the risk of developing oral cancer.

We should be aware that most of the oral cancer lesions are preceded by pre-cancerous lesions, i.e. the oral lesions on the skin lining of the mouth have the tendency to transform or change into cancer. Although, it may be difficult for the clinician to predict when these changes may occur, finding pre-cancerous lesions allow us to monitor them continuously for changes and these may need a complete or partial removal followed by pathological studies. Most patients with pre-cancerous or early cancer lesions may not have symptoms like pain, bleeding etc., and dentists play a major role in diagnosing these when performing regular examinations. One may find lesions in

ENCOURAGING RESILIENCE

Dilini Mohan MScOT



As an occupational therapist working with clients with acquired brain injuries and spinal cord injuries, I have been able to see some of the worst that people are challenged with. However, I am often struck by many clients' ability to flourish in times of uncertainty. As research show's, a person's resilience, or their capacity to respond to pressures and tragedies quickly, adaptively and effectively, is a key indicator of how well they respond to difficulty. Change is inevitable, however, an individual's outcome in all spheres, physical, mental, and emotional, is heavily influenced by how one reacts to that change.

One of the most awe-inspiring transformations I have witnessed was with a client who I will refer to as Mr. X for privacy reasons. Mr. X was involved in a motor vehicle collision in 2014 wherein he sustained injuries to his spinal cord that rendered him unable to use his legs. He was forced to use a wheelchair. Before his accident, Mr. X was a husband and a father who was successfully employed and had been training to row in the Olympics. When his Olympic dreams were abruptly shattered, Mr. X was devastated and he entered into a state of grief marked by depression and anxiety. He isolated himself from his family and his friends and went through the motions of physical rehabilitation. After many months, and much therapeutic counselling, Mr. X started adapting to his new reality and focused on being as independent as he could be. Mr. X found clarity by setting specific goals to return to work and to train for the Paralympics. He resumed his participation in his daily activities and with the support of his family and his health care team, he gradually progressed his activities. He was challenged with low mood at times, but he learned how to manage his anxiety and learned that these same strategies helped him stay focused when training. Simultaneously, he learned that wheeling himself outside not only contributed to his training, but that the repetitive movement also calmed his mind.



He learned how to drive an adapted vehicle, which allowed him to leave his home independently and resume his interaction with the world around him. Mr. X learned to focus on his progress and his abilities, and address his limitations to the best of his ability. When Mr. X was accepted into the Canadian Paralympic team, it solidified his sense of connection to others and his



ability to contribute to his community. He ultimately competed in the 2016 Paralympic games, which marked a personal victory and his renewed commitment to life. Mx. X is now focused on training for the 2020 Paralympics. He is truly an inspiration.

Human resilience is awe inspiring and central to our ability to survive. As an Occupational Therapist, I focus on encouraging clients to intentionally engage in occupations that connect us to life. Mr. X's story is inspiring because it reveals the human potential to respond to stress. He engaged in meaningful occupations that allowed him to cope with change in 5 meaningful ways: becoming calm; gaining clarity in times of stress; remaining connected to others; inspiring creativity; and developing the ability to contribute to the greater community. He exemplifies resilience.



I encourage all health care providers to focus on their client's resilience when discussing treatment and progress with our clients. I invite everyone to remember Mr. X's story and develop our own resilience so that we can not just manage in the times of difficulty, but instead thrive in the face of adversity.



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பாரதிபுரம் விஞ்ஞானக்கல்வி நிலையத்தின் தற்போதய செயற்பாடுகளும் அதன் தேவைகளும்

நிதி அனுசரனை :- கனடா தமிழ் மருத்துவ சங்கம் (**CTMA)**

விஞ்ஞானக்கல்வி நிலையம்
மலையாளபுரம் - பாரதிபுரம்
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Sponsored by
Canada Tamil Medical Association
கனடா தமிழ் மருத்துவ சங்கம்
Implemented by
Education Development Trust Kilinochchi
கல்வி வளர்ச்சி அறக்கட்டளை - கிளிநொச்சி

கல்வி வளர்ச்சி அறக்கட்டளையானது மாணவர்களின் நலன் கருதியும் அவர்களின் எதிர்காலம் கருதியும் பல செயற்திட்டங்களை செய்த வருகின்றது. அந்த வகையில் கிளிநொச்சி மாவட்டத்தின் மிகவும் பின் தங்கிய கிராமமான பாரதிபுரம் மலையாளபுரம் கிராம மாணவர்களின் எதிர்கால நலன் கருதி கனடா தமிழ் மருத்துவ சங்கத்தின் நிதி பங்களிப்புடன் மாலை நேர கல்வி நிலையமான விஞ்ஞானக் கல்வி நிலையம் அமைக்கப்பட்டு 2015.04.29ந் திகதி கனடா தமிழ் மருத்துவ சங்கத்தினை சேர்ந்த Dr.சந்திரசேகரம் மற்றும் திருமதி சந்திரசேகரம் ஆகியோரினால் திறந்து வைக்கப்பட்டது.

அக் கிராமத்தில் இக் கல்வி நிலையம் அமைக்கப்பட்டது அங்குள்ள மாணவர்களுக்கு மிகப் பெரிய வரப்பிரசாதமாக அமைந்ததுள்ளதாகவும் அவர்களின் கல்வி முன்னேற்றம் அடைந்துள்ளதாகவும் பெற்றோர்கள் தெரிவித்ததோடு இக் கல்வி அமைப்பதற்க்கு உதவிய கனடா தமிழ் மருத்துவ சங்கத்திற்கும் கல்வி வளர்ச்சி அறக்கட்டளைக்கும் நன்றி தெரிவித்தனர்.







இக் கல்வி நிலையம் ஆரம்த்து ஒரு வருடங்களை நெருங்கிக் கொண்டும் இந் நிலையில் ஆரம்பத்தில் 105 மாணவர்களுடனும் 12 ஆசிரியர்களுடனும் ஆரம்பிக்கப்பட்ட இக் கல்வி நிலையம் தற்போது 160க்கு மேற்பட்ட மாணவர்களையும் 16 ஆசிரியர்களையும் கொண்டு மிக சிறப்பாக இயங்கி வருகின்றது.

இங்கு கல்வி பயிலும் மாணவர்களின் கல்வி தரம் கடந்த தவணை மற்றும் ஆண்டு இறுதி பரீட்சைகளில் உயர்வடைந்து காணப்பட்டுள்ளதாக ஆசிரியர்களும் பெற்றோரும் தெரிவித்தனர்.





இக் கல்வி நிலையத்தினை தொடர்ந்து சிறப்பாக நடத்துவதற்கு நிறைய சாவல்களை கல்வி நிலைய நிர்வாகம் எதிர்கொள்ள வேண்டியுள்ளது.

1. இங்கு கல்வி கற்கும் மாணவர்கள் மிகவும் வறுமை கேட்டின் கீழ் வாழும் குடும்பத்தை சேர்ந்தவர்கள் இவர்களுள் பலர் தாய் தந்தை இருவரையும் அல்லது ஒருவரையாவது போரின் காரணமாக இழந்தவர்களாக உள்ளார்கள். இக் குடும்பங்களும் பேரும்பாண்மை வருமானம் கூலித் தொழிலாகவே இருக்கின்றது. இதனால் இம் மாணவர்களால் கல்வி நிலைய கட்டணத்தை செலுத்தமுடியாத நிலைமையுள்ளது.

கிளிநொச்சி மாவட்டத்தில் உள்ள ஏனைய கல்வி நிலையங்களை விட மிகவும் குறைந்த கட்டணத்தையே நாம் அறவிட்டபோதிலும் அதனை செலுத்தமுடியாத நிலையில் மாணவர்கள் இருப்பதால் இங்கு கல்வி கற்பிக்கும் ஆசியர்களுக்கு உரிய முறையில் வேதனம் வழங்க முடியாதுள்ளது. இங்கு கல்வி கற்பிக்கும் ஆசிரியர்கள் சேவை நோக்கத்துடன் மிகக் குறைந்த வேதனத்துடன் கல்வி கற்பித்த வருகின்றனர். ஆனாலும் அவர்களுடைய வேதனத்தை மாணவர்கள் வழங்கும் மாதாந்த கட்டணத்தில் இருந்து வழங்க முடியாத நிலையில் கல்வி நிலைய நிர்வாகத்திற்கு உள்ளது.

இதனால் மிக மிக வறுமை கோட்டின் கீழ் உள்ள கட்டணம் கட்டமுடியாத 60 மாணவர்களுக்குரிய மாதாந்த கட்டணம் ரூபா 25000.00 ஐ உதவி செய்யுமாறு கேட்டுக்கொள்கிறோம்.

மாணவர்களின் விபரம் வருமாறு

மாதாந்த கட்டணம் செலுத்த முடியாத மாணவர்களின் விபரம்

இல	தரம்	மாணவர்களின் எண்ணிக்கை	மாதாந்த கட்டணம்	தொகை
1	2	6	250.00	1,500.00
2	3	7	300.00	2,100.00
3	4	4	400.00	1,600.00
4	5	3	400.00	1,200.00
5	6	8	400.00	2,400.00
6	7	3	400.00	1,200.00
7	8	5	450.00	2,250.00
8	9	9	500.00	4,500.00
9	10	8	600.00	4,800.00
10	11	7	600.00	3,500.00
மொத்தம்		60		**25,050.00**

2. அடுத்த சவலாக மாணவர்களின் எண்ணிக்கை அதிகரித்து செல்வதால் அவர்களுக்குரிய தளபாடங்கள் பற்றாக்குறையாக காணப்படுகின்றன இதனால் மாணவர்கள் பல அசௌகரியங்களை எதிர் கொள்ள வேண்டிய நிலைய ஏற்பட்டள்ளது.

இக் கல்வி நிலையத்தில் தற்போது 27 சோடி மேசை வாங்கு காணப்படுகின்றது. இவர்களது கற்றல் செயற்பாடுகளை தொடர்ந்து சிறப்பாக மேற்கொள்ளுவதற்கு மேலதிகமாக 10 சோடி தளபாடம் தேசையாக உள்ளது.
10 சோடி தளபாடம் - 75000.00

3. அத்துடன் இவ் நவீன உலகில் கணனி கல்வி மிக அவசியமான ஒன்றாகும் எமது கல்வி நிலையத்து மாணவர்களுக்கு கணனி கல்வியினை வழங்குவதற்கும் மின்சாரம் மிக முக்கியமானது ஆகும் இதுவரை மின் இனைப்பு இல்லாததால் மாணவர்களுக்கு கணனி கல்வியை மட்டும் அல்லாமல் அவர்களுக்குரிய குடிநீர் வசதியையும் எம்மால் செய்து கொடுக்க முடியாத நிலையில் உள்ளோம். எனவே அதற்குரிய செலவீனம் ஆன ரூபா 60000.00 எமக்கு தந்துதவுமாறு தயவுடன் கேட்டுக் கொள்ளுகின்றோம்.





செலவீனத்திற்கான விபரம்

1.	வறிய மாணவர்கள் கட்டணம் மாதாந்தம்	- 25 000 .00
2.	தளபாடம்	- 75 000 .00
3.	மின்சாரம்	- 60 000 .00
	மொத்தம்	- 160 000 .00

தங்களினால் கல்வி வளர்ச்சி அறக்கட்டளைக்கும் இக் கல்வி நிலையத்திற்க்கும் இதுவரை நல்கிய உதவிக்கு பாயனாளிகள் சார்பிலும் கல்வி வளர்ச்சி அறக்கட்டளை சார்பிலும் மனமார்ந்த நன்றியினை தெரிவித்துக் கொள்கின்றோம். தொடர்ந்து தங்கள் எமக்கும் வறிய மாணவர்களின் கல்வி மேம்பாட்டிற்கும் உதவி வழங்குவீர்கள் என எதிர்பாக்கின்றோம்.

Dr.த.சத்தியமூர்த்தி
தலைவர்
கல்வி வளர்ச்சி அறக்கட்டளை
கிளிநொச்சி

Lullaby for medics

Miriam Rubini Jeganathan

The bitter taste of medicine -
Makes me cry, the child wept,
To the mother who cannot stand it.
Of all the medical marvels, the bitter taste... hmm.
Acknowledged, the child's father.
I am not taking it any more, till you find a cure for the taste.
When medicine is bitter the cure is sure,
It is the truth of all things, that are better,
He adds, Child nods,
Of all marvels one cannot find-
As pure and noble as finding a cure,
To one's mind and body.
Making all well, young and old-
That's why it's bitter.
Once you are all grown up,
You will learn to swallow it with pride.
It teaches you patience & tolerance,
You will ask for more, when you need it.
A philosophical thought, but too much to grasp,
Medical marvels are many, some are bitter and some are not-
You cannot have one without the other.
Can I have some more? The child responded with a smile!

Dealing With The 'Problem Child'

A 10 Minute Approach For The General Practitioner

Harshini Sriskanda, MD, FRCPC
Pediatrician

You have just completed your annual well-child exam for a 6 year old boy whom you have been following since infancy. At the end of the visit, on their way out, Mom gets a look in her eye.

"You know Doctor, he has become very troublesome at home recently. He doesn't listen. I have to tell him everything 10 times. At school, the teacher says she has to always remind him to sit down. And his reading and writing is not as good as the other children".

As a General Practitioner, what do you do?

- First, take the problem seriously. Do not be quick to brush off the parent's concerns as 'normal' childhood behaviour. You may be correct that the behaviours are normal, however the parents may be unprepared on how to deal with them. Listen, and ask questions. Ask the parents to give you a specific example of a time when Mom told him something to do, and he did not listen. Ask for a specific and recent example from school as well. Also ask the parents how they respond to the child's behaviour.



- Second, consider the child's developmental stage, and do a screen for developmental delay. The parents may be having difficulty with the child because their expectations are beyond the child's capabilities. A child with receptive language delay, for example, may simply not understand what the parents are requesting. The Nipissing District Developmental Screen (NDDS; available at www.ndds.ca) is a quick and easy-to-use developmental screening tool that can be used in children up to age 6 years. It is not uncommon that children may have multiple co-morbidities (e.g. speech delay and ADHD, and learning disability).

- Third, ask about and provide guidance on good sleep habits (see Table 1) and reduced screen time. These are two areas where simple interventions can provide a great deal of benefit. Over-fatigue and poor sleep in children may manifest as irritability, decreased concentration, anger and academic problems. One useful question is to ask how much longer the child sleeps in on weekends, compared to the school day – anything longer than 1 hour extra on the weekends is indicative of insufficient sleep.

1. **Have a set bedtime and bedtime routine** for your child.
2. **Bedtime and wake-up time should be about the same time on school nights and non-school nights.** There should not be more than about an hour difference from one day to another.
3. **Make the hour before bed shared quiet time.** Avoid high-energy activities, such as rough play, and stimulating activities, such as watching television or playing computer games, just before bed.
4. **Don't send your child to bed hungry.** A *light* snack (such as milk and cookies) before bed is a good idea. Heavy meals within an hour or two of bedtime, however, may interfere with sleep.
5. **Avoid products containing caffeine for at least several hours before bedtime.** These include caffeinated sodas, coffee, tea, and chocolate.
6. **Make sure your child spends time outside every day** whenever possible and is involved in regular exercise.
7. **Keep your child's bedroom quiet and dark.** A low-level night light is acceptable for children who find completely dark rooms frightening.
8. **Keep your child's bedroom at a comfortable temperature** during the night (<75°F).
9. **Don't use your child's bedroom for time-out or punishment.**
10. **Keep the television set out of your child's bedroom.** Children can easily develop the bad habit of "needing" the television to fall asleep. It's also much more difficult to control your child's viewing if the set is in the bedroom.

Table 1. Basic Principles of Sleep Hygiene for Children (Source: Nelson's Textbook of Pediatrics)

• Similarly, over-stimulation from too many hours of screen time (mobile phones, tablets, computers, TV) can affect a child's mood and behavior. Advise parents to take the media away for a few hours a day and turn off the family TV. Children may also be watching violent content (in movies, TV or video games) – advise the parents to monitor what the child is watching, and prohibit access to inappropriate media. In boys especially, stopping access to violent content can lead to a significant improvement in behavior.

• Finally, consider the parents themselves. The child's behavior may be a reflection of chaos within the family unit – marital stress, financial difficulty, addiction, mental health issues and poor coping skills in the parents may be negatively impacting the child. A general practitioner is uniquely positioned to counsel both parent and child. In order to truly help the child, the parent's issues may also need to be addressed.

For the example case, one approach might be to clarify with the mother what sort of problems exactly she is having with her young son at home - the severity, the frequency, and how the parents are handling it. Ascertain also the severity of the problems at school – are they leading to time outs, suspensions, trips to the principal's office, or fights with other children? You may choose to give the mother a copy of the Nipissing District Developmental Screen and have her return for a follow up visit once it is completed. Have the mother also bring in copies of the child's report cards and school work so you can assess if the child is falling behind academically. Make sure the child is eating well, sleeping well and spending time away from his iPad. If the parents are having marital problems, advise them to keep their discussions private, and away from children's ears. Many parents are simply looking for parenting advice or confirmation that their approach to their child is correct. If either the child or parents are struggling, a referral to a General Pediatrician may be appropriate. Dr. Harshini Sriskanda completed her MD at Queen's University School of Medicine (Kingston, ON) and her Pediatric training at the University of Western Ontario (London, ON). She is a General Pediatrician practicing in Scarborough and is currently accepting new patients.

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1. American Academy of Pediatrics, (2016). Media and Young Minds. Council on Communications and Media.
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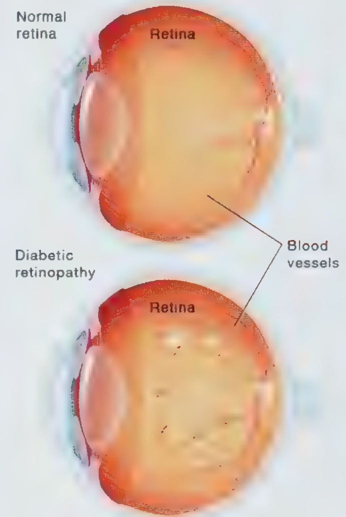
Diabetic Eye Disease

Dr. Malarvily Krishnamoorthy, BSc. OD.

Diabetes affects many of parts of the body including the eyes. When it affects the eye, it is commonly known as Diabetic Retinopathy. The Canadian National Institute for Blindness (CNIB) indicates that about half a million Canadians are affected by diabetic retinopathy. It is the leading cause of blindness in Canadians under the age of 50 and number one cause of preventable blindness in North America. It is recommended that every diabetic patient have their eye checked annually and more frequently as per the eye care provider's recommendation.

- How does diabetes cause retinopathy?

In the earlier and moderate stages of diabetic retinopathy, elevated or uncontrolled sugar levels caused blood vessels to weaken and leak in the retina, which is the receptive layer in the back of the eye.



In advanced stages of diabetic retinopathy, new retinal blood vessels may develop to cause further leaking of blood in addition to the leakage. Due to these changes, other conditions such as retinal detachment and glaucoma.

At any stage of diabetic retinopathy, a condition called macular edema can occur. Macula is the thinnest portion of the retina and is responsible for your central vision. When fluid and blood leak into the macula due to uncontrolled sugar changes, the macula swells and cause vision to decline.

- Would I have symptoms if I have diabetic retinopathy?

There are typically no symptoms in the early stages of diabetic retinopathy. People with the latter stages of diabetic retinopathy or macular edema can have symptoms such as decreased or distorted vision, double vision, black spots, floaters, flashes of lights, etc. It is also possible that people do not notice any symptoms even at advanced stages of retinopathy. Hence, it is important for diabetic patients to have regular comprehensive eye exams every year to monitor their eye health even if they do not have any ocular symptoms. If you experience any unusual symptoms similar to those described above, visit your eye doctor immediately to rule out any ocular complications.

- I have type 1 diabetes. Am I at risk for diabetic retinopathy?

Yes, both type 1 and type 2 diabetes can caused retinopathy when uncontrolled. Since the duration of diabetes is the most important risk factor, type 1 diabetic patients have a higher risk for earlier vision changes and complications. As preventative care against serious vision loss, annual eye exams are recommended for all diabetic patients.

- Other than elevated sugar levels, what other factors cause a higher risk for diabetic retinopathy?

In addition to uncontrolled or high blood sugar levels, smoking, high blood pressure, and high cholesterol increases the risk for ocular complications related to diabetes. It is important to keep the sugar, cholesterol, and blood pressure levels at target level as advised by your family doctor and/or endocrinologist. Maintaining your blood sugar level, eating healthy, physical activity and regular eye exams will keep your risk minimized.

- My blood glucose and A1C levels are very good. Do I still have to see an eye doctor?

Yes. In addition to retinopathy, diabetes can also lead to cataracts. Therefore, It is important to monitor eye health at least annually.

- If I have diabetic retinopathy, how does it get treated?

In the earlier stages, no treatment is usually warranted except for monitoring the retinal health carefully and maintaining the glucose under control with medications, diet and exercise.
For macular edema and advanced stages of retinopathy, a variety of treatment options are available: laser treatment, injections, and vitrectomy.

- If I have reduced vision or vision loss due to diabetic retinopathy, do I have any help?

While vision loss may not be recovered, your health care team will help you continue to manage your health and daily living. Your optometrist and/or other health care provider can get you connected to the CNIB or the low vision care providers. The CNIB offers low vision devices and services that allow you to lead an independent and active lifestyle with the remaining vision.

- Who do I see for an annual diabetic eye exam?

For your primary eye health examination, you should seek an optometrist if you don't already have one. Optometrists are eye doctors who perform eye exams, diagnose eye diseases and treat common eye disorders. You usually do not need a referral for an eye examination. Optometrists will check your eyes and recommend an eye care management plan based on the findings. They will refer you to an ophthalmologist if specialized care is required.

- What does a dilated eye exam do? Is it necessary for every diabetic patient?

A dilated eye exam allows the eye care provider to thoroughly check the retina. Yes, it is important to have a dilated eye exam for all diabetic patients in order to check for retinopathy and other associated ocular complications.

- Will my family doctor know about the status of my eyes after the exam?

Yes, your optometrist/ophthalmologist will send a letter/note to your family doctor and/or endocrinologists regarding your visit.

- Is my eye exam covered under OHIP?

Yes, your eye exams are covered under OHIP in Ontario. As long as you have your valid health card and your family doctor diagnosed you with diabetes, you are eligible. There may be fees for additional testing such as retinal photos and OCT scan at eye care provider's discretion.

Key Steps Toward Achieving Your Financial Goals



Understanding what is important to you and your family in order to help you identify and reach your goals is critical. Although there are many ways to work toward your goals, the key is answering these five important questions.

STEP 1 WHERE AM I TODAY?

Before you can set realistic goals, you must determine your current needs. When you share information, including a list of monthly expenses, last year's tax return, retirement plan statements and brokerage, bank or other financial statements, it will help provide an overview of your current situation.

STEP 2 WHERE WOULD I LIKE TO BE?

After determining where you are today, the next step is to set specific goals that can be related to:

- Saving for retirement
- Living a comfortable retirement
- Funding a child's education
- Helping support other family members
- Funding a vacation or second home
- Having appropriate insurance to protect your financial goals

STEP 3 CAN I GET THERE?

Based on your current situation, future income requirements and comfort level with risk, you can work with your Edward Jones advisor to create and implement strategies that can help you achieve your goals.

STEP 4 HOW DO I GET THERE?

Edward Jones' investment philosophy centres on building a diversified* portfolio with quality investments and holding them for the long term. You will be introduced to a variety of asset allocation models, and your Edward Jones advisor can help you select the appropriate mix of investments in each category.

STEP 5 HOW CAN I STAY ON TRACK?

Meeting annually can help ensure that you stay on track. If any of your goals or circumstances have changed, we can make appropriate updates that address your evolving needs.

Schedule an appointment today with your Edward Jones advisor to discuss your answers to these five key questions. Doing so can help you work toward and achieve your financial goals.

*Diversification does not guarantee a profit or protect against loss.

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கனேடிய தமிழ் மருத்துவ சங்கத்தின் இவ்வாண்டுக்குரிய சேவைகள் - 2016

இலங்கையின் வட, கிழக்கு மாகாணங்களுக்குரிய சேவைகள்:

இலங்கையின் கிழக்கு மாகாணத்திலுள்ள காரைதீவு வைத்திய சாலைக்கு வைத்திய உபகரணங்களளுக்காக கூ 19,000 டொலர்கள் நிதி உதவி வழங்கியுள்ளது.

மட்டக்களப்பில் வாழ்கின்ற வறிய போரினால் பாதிக்கப்பட்ட கிராம மக்களின் உள நல ஆற்றுப்படுத்தலுக்கு 15 சேவையாளர்களுக்கும் அவர்களை நெறிப்படுத்துவதற்குமாக இதுவரை $10,000 டொலர்கள் உதவி செய்யப்பட்டுள்ளது.

வடமாகாணத்திலுள்ள பருத்தித்துறையில் அமைந்துள்ள மந்திகை வைத்தியசாலைக்கு பற்சிகிச்சைக் கதிரைக்கும் வேறு அது சம்பந்தமான உபகரணங்களுக்கும் $ 6,500 டொலர்கள் வழங்கப்பட்டுள்ளது.

அது போல அளவெட்டி வைத்தியசாலைக்கும் வைத்திய உபகரணங்களுக்கு $5,000 டொலர்கள் வழங்கப்பட்டுள்ளது.

கிளிநொச்சியிலிருந்து 10 மைல்களுக்கு அப்பால் உள்ள பாரதிபுரம், மலையாளபுரம், கிருஸ்ணபுரம் ஆகிய கிராமங்களில் உள்ள குழற்தைகளின் கல்வி மேம்பாட்டிற்காக எம்மால் அமைக்கப்பட்ட மையத்திற்கு $12,500 டொலர்கள் வழங்கப்பட்டுள்ளது.

கிளிநொச்சி மகாவித்தியாலத்தில் எமது வைத்திய சங்கத்தால் ஏற்படுத்தப்பட்ட பல் வைத்திய நிலையத்திற்கும், துணுக்காய் பிரிவிலுள்ள பாடசாலைக் குழந்தைகளின் பற்சுகாதாரத் தேவைக்கும் இவ்வருடம் நிதி வழங்கப்பட்டுள்ளது.

யாழ்ப்பாண மாவட்டத்திலுள்ள சகல ஆரம்பப் பாடசாலை மாணவர்களுக்கும் எமது சங்கத்தின் ஆதரவில் பற்தூரிகை, பற்பசை வழங்கப்பட்டு வருகிறது. அங்கே குழந்தைகள் பயிற்றப்பட்ட ஆசிரியர்களின் கண்காணிப்பில் தினமும் காலை உணவின் பின் பல் துலக்குவதை சென்ற வருடம் அமைப்பின் தலைவர் நேரடியாகச் சென்று பார்வையிட்டுள்ளார்.
கனடாவில் செய்கின்ற சேவைகள்:

ஒன்ராரியோ முதியோர் சங்கத்துடன் இணைந்து மே மாதம் 29 ந் திகதி கனடாக் கந்தசாமி கோவில் மண்டபத்தில் சுகாதாரப் பட்டறை (Health Forum) நடத்தப்பட்டது. வேறும் இரண்டு வைத்திய ஆலோசனைக் கூட்டம் (Health Seminar)இளையோர்களின் உள நலம் சம்பந்தமாகவும் குடல், ஈரல் நலம் சம்பந்தமாகவும் கோடைகாலத்தில் நடாத்தப் பெற்றது.

இலங்கையிலிருந்து வட மாகாண சுகாதார அமைச்சர் டாக்டர் சத்தியலிங்கம் அவர்களும் கிழக்கு மாகாணத்தைச் சேர்ந்த மட்டக்களப்புப் பாராளுமன்ற உறுப்பினர் வியாழேந்திரன் அவர்களும் கனேடிய மருத்துவ சங்கத்தின் தலைவரையும் ஏனைய உறுப்பினர்களையும் சந்தித்து, தம் மாகாணத்திலுள்ள தேவைகளை எடுத்துக் கூறி எமது சங்கத்திடம் உதவி கோரியதுடன், மேலும் பாரிய தேவைகள் தமக்கிருப்பதாகவும் எமது சங்கத்தின் உதவி தமக்குத் தேவை என்றும் கேட்டுக் கொண்டார்கள்.

கனேடிய தமிழ் மருத்துவ சங்கம் அல்பேட்டா மாகாணத்தில் தீயினால் ஏற்பட்ட பேரழிவுக்கு $ 10.000 டொலர்களுக்கு மேல் வழங்கியுள்ளது.

கனடா தமிழ் காங்கிரஸ் பேரவை இவ்வருடம் நடாத்திய நடைபவனியில் கனேடிய தமிழ் மருத்துவ சங்கமும் கலந்து கொண்டதோடு மட்டக்களப்பில் அமையவிருக்கும் மாட்டுப்பண்ணைக்கும் நிதி உதவி வழங்கப்பட்டது.

எமது மக்களில் நீரிழிவு வியாதி பரவலாக உள்ள காரணத்தினால் மக்களிடையே உணவு சம்பந்தமாகவும் வாழ்க்கை முறை (Life style) மாற்றங்களையும் ஊக்குவிக்கும் நோக்கத்துடன் வுயஅடை னுர்யுனு அமைப்புடன் இணைந்து சில திட்டங்கள் முன்னெடுக்கப்படுகின்றன. அதாவது, உணவு நிலைய உரிமையாளர்களை அழைத்து உணவு தயாரிப்பில் சில மாற்றங்களை ஏற்படுத்துமாறு சத்துணவு தயரிக்குமாறும் அறிவுறுத்தியுள்ளோம்.

வேறும் பல நடவடிக்கைகளையும் எடுப்பதற்கு உத்தேசித்துள்ளோம்.













வீடு, வியாபார நிலையங்கள் வாங்க, விற்க..

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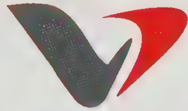
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SCARBOROUGH
CONVENTION CENTRE

13-24

25-37

38-50

PROGRAMME

6.15 pm **Seating**

6.45pm **Lighting of Traditional lamp**
National Anthem & Tamil Thai Valthu

Welcome dance
Yalini Rajakulasingam

Welcome address from CTMA chairman
Dr. Shan Shanmugavadivel

Major sponsor recognitions

Dance - Ruthrum
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Gary Anandasangaree M.P.

Dance
Shilompoli Shethra

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Dinner

Vote of thanks by CTMA Secretary
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Open dance floor



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